

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 0 2

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440 Support B

7. FEDERAL BUDGET IMPACT:

a. FFY 02 \$ 41,625

b. FFY 03 \$ 61,050

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 28d;
Attachment 4.19, page 10 and 119. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-B, page 10
(IS-00-19)

10. SUBJECT OF AMENDMENT:

Add Indian Health Service 638 facilities as a provider type and to establish
reimbursement methodologies for services provided by Indian Health Service 638 facilities

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

3-27-02

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

04/02/02

18. DATE APPROVED:

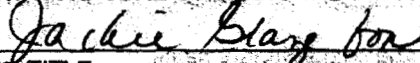
JUN 27 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Rasmussen
Anderson
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 03/27/02

Date Received: 04/02/02

LIMITATIONS ON SERVICE

9. CLINIC SERVICES (continued)

d. Indian Health Service 638 Facilities

Indian Health Service 638 facilities are eligible to participate in the Medicaid program if the following conditions are met:

1. The facility must be owned and operated by American Indian or Alaskan Native tribes or tribal organizations with funding authorized by Title I or Title III of the Indian Self-Determination and Education Assistance Act. (P.L. 93-638, as amended).
2. Services must be rendered by practitioners who meet any applicable professional licensure requirement.
3. Medical records must be maintained to the same standards as are required for the applicable licensed medical practitioner.

Payment will be made to an Indian Health Service 638 facility for established services provided that would ordinarily be covered through the Iowa Medicaid program. Payment for services covered through the managed mental health and substance abuse treatment program known as the Iowa Plan will be made only if the 638 facility is an enrolled provider in the Iowa Plan.

State Plan TN # MS-02-2Superseded TN # None

Effective

Approved

JAN 01 2002JUN 27 2002

Methods And Standards For Establishing Payment Rates For Other Types Of Care

Indian Health Service 638 Facilities

Payment for services provided to Native American Indians and Alaska Natives by Indian Health Service 638 facilities is made at the most current encounter rate established by the Indian Health Service, which is published periodically in the Federal Register. In accordance with Iowa Administrative Code 441—79.1(1) only one encounter will be payable daily for services provided to any covered recipient. An “encounter” includes the following:

- ◆ A visit to a practitioner, who may be a:
 - Physician
 - Doctor of osteopathy
 - Physician assistant
 - Nurse practitioner
 - Certified nurse midwife
 - Dentist
 - Optometrist
 - Podiatrist
 - Chiropractor
 - Speech, audiology, physical, or occupational therapist
 - Mental health provider, such as a psychologist, psychiatrist, licensed mental health practitioner, certified drug and alcohol counselor, or a certified nurse practitioner providing psychotherapy or substance abuse counseling or other treatment with family and group therapy.
- ◆ Diagnostic services, such as:
 - Radiology
 - Laboratory
 - Psychological testing
 - Assessment (mental health)
- ◆ Supplies used in conjunction with a visit, such as dressings, sutures, etc.
- ◆ Medications used in conjunction with a visit, such as an antibiotic injection

Note: If the facility is an enrolled provider in the Iowa Plan, primary billing is performed at contracted rates, and the state then pays the difference between the encounter rate and the contracted rate.

State Plan TN No. MS-02-2 (substitute page)

Effective

JAN 01 2002

Supersedes TN No. MS-00-19

Approved

JUN 27 2002

Methods And Standards For Establishing Payment Rates For Other Types Of Care

Pages 11 through 28 are reserved for future use.

State Plan TN No.	<u>MS-02-2</u>	Effective	<u>JAN 1 2002</u>
Supersedes TN No.	<u>None</u>	Approved	<u>JUN 27 2002</u>